

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021669
STATE FILE NUMBER

FILED JUL 7 1958		Registration District No. 132		Primary Registration District No. 3021		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Mercer			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iranton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Princeton 6650 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Length of stay in lb 8 days				d. STREET ADDRESS Marion Township (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Albert Middle Last Mulvaney				4. DATE OF DEATH Month June Day 11 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 18 1874	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 9 Days 7		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock			
11. BIRTHPLACE (City and state or country) Mercer Co. Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Jess Mulvaney				14. MOTHER'S MAIDEN NAME Elizabeth Constable			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no				16. SOCIAL SECURITY NO. 498-40-6024		17. INFORMANT Address Mrs. Della Harlan Princeton, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular - Real Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 442X							INTERVAL BETWEEN ONSET AND DEATH 2 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from June 1st 1958 to June 11th 1958 and last saw her alive on June 11th 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Oliver F. Dugley MD (Degree or title)				22b. ADDRESS Princeton Mo		22c. DATE SIGNED June 20th 1958	
23a. BURIAL, CREMATION, REMOVAL, etc. (Specify) Burial		23b. DATE 6-15-1958		23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery		23d. LOCATION (City, town or county) (State) Mercer Co. Mo.	
24. FUNERAL DIRECTOR Martin Funeral Home Address Princeton, Mo. H. Ogden				25. DATE REC'D. BY LOCAL REG. 6/23/58		26. REGISTRAR'S SIGNATURE Irene Faw	

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1958

JUL

1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~of~~ by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ross Wise*

Licensed Embalmer No. *31*

P. O. Address. *Spokane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.